## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4-5-08</u>	Address:	C.R. 24 East of S.R. 15
Case #:	24F29148		Goshen, IN
County:	<u>Elkhart</u>		
Type of Laboratory Seizure (check one)  Operational Lab		Seizure Location (check all that apply)  Residence Hotel/Motel	
	al/Glassware/Equipment (only)	Outbuilding Vehicle	Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)  \[ \text{Lithium/Ammonia Reaction(s): open air} \]			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: open air			
Corrosive Base: open air			
Other (item and location):			
Child under age 18 discovered (check one)  Yes (number present)  No *If yes, fax report to Child Protective Services		Investigative Information  Ephedrine/Pseudocphedrine Tracking Log Retail/Merchant Tip Other:	
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	iment: <u>Jefferson Fire</u>	Fax: <u>574-5</u>	
Health Dep	artment: Elkhart Co.	Fax: <u>(574)</u> Fax:	
Child Prote	ection Service: N/A		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>JASON FAULSTICH</u> Phone <u>1-800-552-2959</u>			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- \*\*\* This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.